

An Act Promoting Community Immunity (S1517 and H2271) Snuck Into Senate Amendment S3030
Despite Controversy & Clear Inaction By The Committee On Public Health

Senate Amendment S 3030 to House Bill H5034—lines 2943-3036

An Act Promoting Community Immunity is a highly controversial bill that was heard by the Committee on Public Health in July of 2021. The Committee took no action to move it forward. Yet it has found its way into S3030, a Senate amendment to a House Economic Development Bill (H5034).

An Act Promoting Community Immunity concerns vaccination policy and is a controversial, complicated, wasteful bill that is blatantly coercive and completely unnecessary.

There is no immunization problem in Massachusetts. We enjoy the highest vaccination rates in the country, without coercive measures and have had no outbreaks of vaccine preventable illness in school-aged children in the past decade. The Department of Public Health is doing an excellent job tracking and assessing immunizations, including by administering the Massachusetts Immunization and Information System (MIIS), which covers all children in the state.

Controversial public health legislation should not be snuck into an economic development bill without public participation.

SERIOUS PROBLEMS/RISKS:

1. Line 2972 would restrict the criteria a physician can use to issue medical exemptions for vaccination. Only narrowly defined “generally accepted contraindications” would be allowed.
 - A physician’s ability to provide nuanced, individualized, appropriate medical care would be obstructed.
 - Many families have testified in public hearings regarding the difficulty in obtaining medical exemptions.
 - Economic development bills should not be regulating the practice of medicine.
2. Lines 2990-2993 would allow any private daycare, preschool, school, or extra-curricular program, to develop their own, “more stringent” immunization policies.
 - Programs could require additional vaccines outside of those specified by the Massachusetts Department of Public Health (DPH)
3. Lines 2990-2993 would allow any covered program to refuse the religious exemption for vaccination.
 - Religious minorities would be kicked out of school or extra-curricular programs, enacting blatant discrimination and marginalization with potential life-long consequences.
 - 74% of early childhood programs in MA are private. There are limited public daycare and preschool options. Barring children with religious exemptions from early education has serious long-term consequences. Early education serves as a remedy for disparity.¹
 - Limiting access to daycare and preschool will have negative economic impact on families, especially single-parent families, overwhelmingly families of color.
 - This could be devastating for children with autism and other special needs who use the religious exemption and are critically dependent on specialized education and therapeutic services. These students cannot realistically be home-schooled.
 - Less than 1% of MA school children use a religious exemption.

¹ <https://www.epi.org/publication/education-inequalities-at-the-school-starting-gate/>

4. Additional Considerations:

- Creates chaos for DPH with respect to tracking vaccination rates—multiple “covered programs” (camps, after-school programs, schools) would be reporting data on the same child, without identifying information.
- Creates potential for breaches of confidential personal health information. For students at smaller schools, privacy breaches could easily create a situation where children are targeted or bullied. Currently DPH does not publish vaccination or exemption data if grade size is less than 30 students but the amendment does not specify any privacy protections for smaller schools.
- The proposed funding source, surplus from the Vaccine Purchase Trust Fund, is problematic. The Trust Fund does not report surpluses every year.